

FEB 22 2007

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In re application of:	Susan L. Acton		
Application No.:	10/786,501	Group No.:	1643
Filed:	February 25, 2004	Examiner:	Humphrey, David H.
For:	CARDIOVASCULAR SYSTEM ASSOCIATED PROTEIN KINASE 3 (CSAPK-3) ANTIBODIES (as amended)		

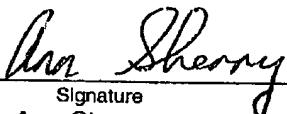
Practitioner's Docket No. MPI98-052P1RDV10DV1M **PATENT**

## Certificate of Transmission under 37 CFR 1.8

1-571-273 8300

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on February 22, 2007.



Signature

Ann Sherry

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

**Submitted herewith:**

This Certificate of Transmission under 37 CFR 1.8  
 Response Transmittal  
 Amendment

1 page

3 pages

6 pages

Total (including Fax Transmittal)

10 pages

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Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Confirmation No. 3988

## TRANSMITTAL

1. Transmitted herewith for this application is/are:
- a. This Transmittal (3 pages);
  - b. Amendment (6 pages); and
  - c. Certificate of Transmission under 37 CFR 1.8.

## STATUS

2. Applicant is other than a small entity.

## CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

## MAILING

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**37 C.F.R. SECTION 1.8(a)**

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Practitioner's Docket No. MPI98-052P1RDV10DV1M**PETITION FOR EXTENSION OF TIME**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

Fee: \$0.00

Extension fee due with this request \$0.00

If an additional extension of time is required, please consider this a petition therefor.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY
Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	
Total 7	Minus 22	= 0	\$50.00 = \$0.00
Indep. 1	Minus 2	= 0	\$200.00 = \$0.00
Multiple Dependent Claims	no	no	\$360.00 = \$0.00
		Total Addit. Fee	\$0.00
		Total additional fee for claims required	\$0.00

**FEE PAYMENT**

5. Charge Account No. 501668 the sum of \$0.00 (which includes the \$0.00 extension fee).

(Page 2 of 3)

Practitioner's Docket No. MPI98-052P1RDV10DV1M

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.  
If any additional fee for claims is required, charge Account No. 501668.
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OR

Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
40 Lansdowne Street  
Cambridge, MA 02139

February 22, 2007

MILLENNIUM PHARMACEUTICALS, INC.

By

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PATENT

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Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
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AMENDMENT

Sir,

Please enter and consider the remarks and amendments below intended to put this application into form for allowance.

**Amendments to the claims** begin on page 2 of this paper.

**Amendments / Remarks** begin on page 4 of this paper.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

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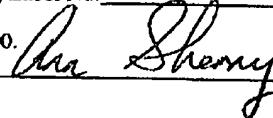
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